

Tina Kitchin

Authorized SignatureNumber: SPD-IM-04-093Issue Date: 10/22/2004Topic: Medical BenefitsSubject: Recent changes to the OHP Plus benefit packageApplies to (check all that apply):

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| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Seniors and People with Disabilities |
| <input checked="" type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Other (please specify): Brokerage, DD Case Managers |

Message:

Although most of this information has been previously discussed in prior transmittals from OMAP, recent questions indicate that this follow-up IM is indicated.

Prior Authorizations

Recent turnover in the Medical Unit of OMAP resulted in a significant backlog in routine prior authorizations (PA) for durable medical equipment (DME) and supplies, although Immediate and Urgent PAs continued to be processed in their respective same-day and three-day timeframes. OMAP instituted emergency procedures to clear the backlog for PAs that do not require a nurse to review (supplies and uncomplicated DME requests) and the Medical Unit is now fully staffed. Current turn-around times for routine PAs were as shown below on 10/15/04:

- Incontinence Devices – 1 or 2 days
- Other routine supplies- 3 to 5 days
- Complicated PAs – latest are those received on 9/20/04.

If staff are aware of authorizations that are beyond these timeframes, they should first contact the medical supply provider and refer to SPD-IM-04-054 for further directions.

Incontinence Supplies

With tight resources, it becomes even more important that OHP members receive only the exact amount of supplies that they need. Incontinence supplies are a large percentage of the Durable Medical Equipment and Supplies budget and there is a large reduction in that budget. The following changes have been made:

- Cut reimbursement rates for medical-supply providers.
- Prohibition on auto-shipment. Because of instances where supplies continued to accumulate, medical-supply providers are required to hold shipments until there is a 15-day supply or less.
- Labeling the supplies for a specific person. Medical-supply providers are required to ship supplies labeled with the specific OHP member's name.
- Reduction in the routine allowable amount. The newer incontinence supplies are designed to keep the skin dry and to hold a larger amount of urine. Residential providers are being asked to examine any current procedures that involve routine changes, especially if every two hours.

The new routine allowable amount of most incontinence supplies will be 220, down from 360 items per month. This is much closer to the average rate of usage. If there is a specific medical reason for more, the physician can request the enhanced amount (up to 360 per month), but the reason needs to be documented on the prescription.

Therapies

Effective October 1, the Health Services Commission has placed limits on therapies. Some modalities have been eliminated. For acute conditions (new CVA - stroke), the guidelines attempted to limit the duration of therapy to three months after therapy is initiated. For chronic conditions, there are age-related criteria, ranging from 24 visits for a combination of PT and OT per year for young children to 2 visits per year for adults. Additional visits are available for significant changes or acute exacerbations. For more specifics, please see attached information.

There has been recently identified procedure and diagnosis coding issues that are being examined. Supposedly there is no clear indication of when to quit using an acute event code (CVA - stroke) and begin to use a late effects code. The late effects codes are currently only found on the chronic dysfunction lines with the more restrictive limits. If therapists are having troubles being authorized for therapy after a new, acute event, they may wish to evaluate the medical documentation to determine if it supports coding for the acute event.

Questions:

- Clients with questions about their OHP benefits or services may call the Client Advisory Services Unit (CASU) hotline at 1-800-273-0557.
- Staff with general OHP questions may ask OMAP by directing their question to Judy Calvo in GroupWise who will direct it to the correct person in OMAP.
- Staff in the DHS/AAA offices should direct specific client questions to Donna Weaver at 503-945-5977 or contact her through GroupWise.

If you have any questions about this information, contact:

Contact(s):	Tina Kitchin		
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**Changes to the Placement of Physical and Occupational Therapies on the Prioritized List of Health Services;
Approved by the Health Services Commission on June 17, 2004. (Cont'd)**

ADD THE FOLLOWING GUIDELINE TO ALL LINES IN TABLE 3:

Physical and occupational therapy are covered for these diagnoses,
depending on medical necessity, for up to 3 months after the initiation
of the therapies.

Table 3.
Line Items on 10/1/04 List Which Include Acute Therapies as Treatment

Rank	Rank	Rank	Rank	Rank	Rank	Rank	Rank
1	52	143	241	299	469	498	584
26	89	148	248	325	470	516	589
31	113	149	261	374	471	517	594
35	114	165	286	375	483	518	645
37	132	180	287	388	484	519	646
40	133	199	289	441	485	522	685
42	134	240	290	454	486	568	

ADD THE FOLLOWING GUIDELINE TO LINES 219,336,455,456:

The following number of combined physical and occupational therapy
visits are allowed per year for any combination of diagnoses on
these lines:

- Ages 0-7: 24*
- Ages 8-12: 12*
- Age > 12: 2*

*An combination of 6 additional visits for physical/occupational
therapy are allowed whenever there is a change in status, such as
surgery, injection, or an acute exacerbation.

Changes to the Placement of Speech Therapy on the Prioritized List of Health Services; Approved by the Health Services Commission on June 17, 2004. (Cont'd)

ADD THE FOLLOWING GUIDELINE TO LINES 219,336,455,456:

The following number of speech therapy visits are allowed per year for any combination of diagnoses on these lines:

- Age 0-2: 0*
- Age 3-7: 24*
- Age 8-12: 12*
- Age > 12: 2*

*An additional 6 visits of speech therapy are allowed whenever there is a change in status, such as surgery or an acute exacerbation, OR for evaluation and treatment of swallowing disorders, OR for evaluation/training for an assistive communication device.
